

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
091 5046 003

FILING DATE
2-14-00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
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TOTAL IND.	3	1	1	1		

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IND.	DEP.	IND.	DEP.
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98			
99			
100			
TOTAL IND.	1	1	1